

GUIDELINES FOR COMPLETION OF NOTICE OF TERMINATION (NOT) FORM

Please adhere to the following guidelines:

Submit original, photocopy or facsimile copies. Facsimile and/or photo copies should be followed-up with an original signature copy as soon as possible. Please write "copy" under the "For Office Use Only" box in the lower right hand corner.

< Submit completed forms to:

Illinois Environmental Protection Agency
Division of Water Pollution Control
Permit Section
Post Office Box 19276
Springfield, Illinois 62794-9276
217/782-0610

< Reports must be typed or printed legibly and signed.

< NOTE: FACILITY LOCATION IS NOT NECESSARILY THE FACILITY MAILING ADDRESS, BUT SHOULD DESCRIBE WHERE THE FACILITY IS LOCATED.

< Use the formats given in the following examples for correct form completion.

	<u>Example</u>	<u>Format</u>
SECTION	12	1 or 2 numerical digits
TOWNSHIP	12N	1 or 2 numerical digits followed by "N" or "S"
RANGE	12W	1 or 2 numerical digits followed by "E" or "W"

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
NOTICE OF TERMINATION (NOT)
OF COVERAGE UNDER THE GENERAL PERMIT
FOR STORM WATER DISCHARGES
ASSOCIATED WITH CONSTRUCTION SITE ACTIVITY

OWNER INFORMATION

NAME:	LAST	FIRST	MIDDLE INITIAL	OWNER TYPE: (SELECT ONE) <input type="checkbox"/> PRIVATE <input type="checkbox"/> COUNTY <input type="checkbox"/> CITY <input type="checkbox"/> SPECIAL DISTRICT <input type="checkbox"/> FEDERAL <input type="checkbox"/> STATE			
MAILING ADDRESS:							
CITY:			STATE:			ZIP:	
CONTACT PERSON:			TELEPHONE NUMBER:	AREA CODE		NUMBER	

CONTRACTOR INFORMATION

NAME:				TELEPHONE NUMBER:	AREA CODE		NUMBER	
MAILING ADDRESS:		CITY:		STATE:		ZIP:		

CONSTRUCTION SITE INFORMATION

FACILITY NAME:					NPDES STORM WATER GENERAL PERMIT NUMBER:				I	L	R	1	0				
FACILITY LOCATION:	(Not necessarily the mailing address)																
CITY:		STATE:	IL	ZIP:		LATITUDE	DEG.	MIN.	SEC.	LONGITUDE:	DEG.	MIN.	SEC.				
COUNTY:				SECTION:			TOWNSHIP:				RANGE:						

I certify under penalty of law that disturbed soils at the identified facility have been finally stabilized or that all storm water discharges associated with industrial activity from the identified facility that are authorized by an NPDES general permit have otherwise been eliminated. I understand that by submitting this notice of termination, that I am no longer authorized to discharge storm water associated with industrial activity by the general permit, and that discharging pollutants in storm water associated with industrial activity to Waters of the State is unlawful under the Environmental Protection Act and the Clean Water Act where the discharge is not authorized by an NPDES permit.

OWNER SIGNATURE: _____

DATE: _____

MAIL COMPLETED FORM TO:

(DO NOT SUBMIT ADDITIONAL DOCUMENTATION UNLESS REQUESTED)

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF WATER POLLUTION CONTROL
ATTN: PERMIT SECTION
POST OFFICE BOX 19276
SPRINGFIELD, ILLINOIS 62794-9276

FOR OFFICE USE ONLY

LOG:
PERMIT NO. ILR10 ____
DATE: